



SMAC MN

Suburban Metro Area Continuum of Care

Permanent Housing Funds **New Project and Expansion Project Application FY2018 Competition**

OVERVIEW

The Suburban Metro Area Continuum of Care (SMAC), consisting of the counties of Anoka, Dakota, Scott, Carver and Washington, are coordinating efforts to meet community needs for homeless and chronically homeless households and are working together to best access available HUD funding. The SMAC Governing Board, consisting of representatives from each local homeless planning group, is seeking pre-applications from interested agencies to create **new projects** that will help our region to end homelessness.

The SMAC Governing Board will consider applications for New Permanent Housing Projects for the following two types of programs:

- New Permanent Supportive Housing Projects dedicated to serving 100% chronically homeless families and individuals;
- New Rapid Re-housing projects that will serve homeless individuals and families coming directly from the streets or emergency shelters, youth up to age 24, and includes persons fleeing domestic violence situations

The SMAC Governing Board will consider applications for Renewal Projects that would like to be considered for Expansion funding for the following:

- Permanent Housing Expansion: Funds to expand existing eligible renewal permanent housing (PSH or RRH) projects that will increase the number of units in the project, or allow the recipient to serve additional persons. Expansion projects must indicate how the new project application will expand units, beds, services, persons served. Note: if the renewal project application seeking to be expanded is not conditionally selected for funding by the SMAC Governing Board or HUD, the expansion project application will be denied.

SMAC is accepting applications for new projects through one application process. Please review the information below to determine if your project aligns with the eligibility and priorities of HUD and SMAC.

New projects that are awarded funding by HUD can reasonably expect to have funding renewed annually so long as the project performs well and aligns with SMAC priorities. New project applications will be considered only if the following pre-application is completed and accepted to SMAC.

DUE DATE

Applications are due by **July 24, 2018** to abby@mesh-mn.org . Please submit your application as a PDF file.



SMAC MN

Suburban Metro Area Continuum of Care

SELECTION PROCESS

An initial screening of organizations will be conducted, and then eligible pre-applications will be forwarded to the Ranking Committee of the SMAC Governing Board for further review and input on which provider or combination of providers is best equipped to apply for HUD funding. Selected pre-applicants will be required to:

- (1) Complete a new project application in e-snaps;
- (2) Agree to have the new project application completed in e-snaps be reviewed by the COC Director
- (3) Agree to have the approved project ranked in the COC priority ranking as a new project.

Technical assistance for completing the project application can be provided.

Note:

- Only applications selected for the CoC competition by the SMAC Governing Board will be included with the collaborative application.
- Submitting a project in the COC Competition does not guarantee the project will be funded by HUD.

FUNDING AVAILABLE

- Total BONUS funds available is equal to 6% of the CoC's Final Pro Rata Need (FPRN). The BONUS funds available to the SMAC are: \$229,175
- Total funds available through reallocation is equal to \$247,569

REQUIREMENTS

ALL APPLICANTS MUST READ THE NOTICE OF FUNDING AVAILABILITY (NOFA) FOR THE FISCAL YEAR 2018 CONTINUUM OF CARE PROGRAM COMPETITION FR-6200-N-25 TO ENSURE THAT THEIR APPLICATION MEETS ALL OF THE REQUIRED HUD GUIDELINES AND THAT THEIR APPLICATION MEETS THE PROJECT ELIGIBILITY THRESHOLD AND PROJECT QUALITY THRESHOLD, WHICH CAN BE FOUND ON PAGE 27 OF 84 OF THE FY 2018 NOFA.

The following are **REQUIREMENTS** for potential applicants. Selected providers must perform in all areas.

- Must be a non-profit agency or unit of local government (county, city or housing authority)
- Must be capable of submitting an electronic application
- Administrative costs are limited to 10% of total funding requested from HUD
- Must be able to provide the HUD required match of 25% of the funding request
- Participation in Homeless Management Information System (HMIS)
- Participation in Coordinated Entry planning as well as receiving all referrals through Coordinated Entry
- Must be able to submit Annual Progress Report through Sage
- Must provide evidence of ability to manage federal grants and compliance including quarterly draws of funding and Annual Progress Reports
- Must attend 50% of local and/or Regional Suburban Metro Area Continuum of Care meetings annually
- Must have DUNS number and be up to date on CCR



SMAC MN

Suburban Metro Area Continuum of Care

PROJECT QUALITY THRESHOLD

HUD will review all new project applicants to determine if they meet the following project quality threshold requirements with clear and convincing evidence. The housing and services proposed must be appropriate to the needs of the program participations and the community.

To be considered as meeting project quality threshold, new project applications created through reallocation must receive **at least 3 out of the 4 points** available for the criteria below. New project applications that do not receive at least 3 points will be rejected.

- Whether the type of housing and number and configuration of units will fit the needs of the project participants (1 point);
- Whether the type of supportive services that will be offered to program participants will ensure successful retention or help to obtain permanent housing – this includes all supportive services, regardless of funding source (e.g. child care, case management, life skills) (1 point);
- Whether the specific plan for ensuring that program participants will be individually assisted to obtain the benefits of the mainstream health, social, and employment programs for which they are eligible to apply meets the needs of the program participants (e.g. Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education) (1 point);
- Whether program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g. allows the participant the mobility to access needed services, case management follow-up, additional assistance to ensure retention) (1 point).

Additionally, HUD will assess all new projects for the following minimum project eligibility, capacity, timeliness, and performance standards. All new projects must meet all of the following criteria:

- Project applicants and potential sub-recipients must have satisfactory capacity, drawdowns, and performance for existing grant(s) that are funded under the CoC Program, as evidenced by timely reimbursement of sub-recipients, regular drawdowns, and timely resolution of any monitoring findings;
- Project applicants must demonstrate they will be able to meet all timeliness standards per 24 CFR 578.85. Project applicants with existing projects must demonstrate they have met all project renewal threshold requirement of the FY2018 NOFA.
- HUD reserves the right to deny the funding request for a new project, if the request is made by an existing recipient that HUDs finds to have significant issues related to capacity, performance, unresolved audit or monitoring findings related to one or more existing grants, or does not routine drawdown funds from eLOCCS at least once per quarter.
- HUD reserves the right to withdraw funds if no APR is submitted on the prior grant.



SMAC MN

Suburban Metro Area Continuum of Care

SMAC requires each new project to meet the following criteria:

- 1. Housing First philosophy and low barrier to entry:** Housing First is a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals.
- 2. Coordinated Entry:** Project applicants are required to comply with the policy and procedures, written standards, and order of priority for the specific project type requested. Participation includes but is not limited to: pre-screen, assessment, referral, follow-up.
- 3. Adherence to HUD's Homeless Policy and Program Priorities:** Project applicants are required to comply with HUD's homeless policy and program priorities as listed in the NOFA FY2018, Section II, A.
- 4. Suburban Metro Area CoC:** Project applicants are required to comply with the SMAC bylaws, governance charter, and other policy and procedure manuals as approved by the Board or membership. This includes, but is not limited to:
 - Committee participation
 - Actively involved in the Point-in-Time overnight street/known location count twice a year
 - Active involvement in their local continuum of care
 - Attendance at annual SMAC Governing Board meetings

PRIORITIES

The following are the priority populations SMAC is targeting through this application process:

- **Permanent Supportive Housing for Youth (youth is defined as under 25)**
- **Rapid Re-Housing for Single Adults (adult is defined as 18 and over)**

The following are the priority service areas SMAC is targeting through this application process:

- **Washington County**

****Agencies can choose to limit their targeted service area to certain communities (counties) within the CoC HOWEVER, the project MUST be willing to take referrals from the Coordinated Entry Priority List in the order of priority. This means the household may be coming from outside of the designated service area. If the household chooses to re-locate to that community, the household cannot be denied from the project based on County of Financial Responsibility or other service based funding eligibility criteria.**

Questions can be directed to Abby Guilford at abby@mesh-mn.org.



SMAC MN

Suburban Metro Area Continuum of Care

PERMANENT HOUSING NEW PROJECT AND EXPANSION PROJECT APPLICATION

Agency Name: _____

Project Name: _____

Service Area(s) – including county: _____

Grant Amount Requesting: _____

Grant Period: _____

Project Type (PSH, RRH, Expansion): _____

If Expansion, name of the permanent housing renewal project (PSH or RRH): _____

Instructions: It is your responsibility to complete each question with sufficient detail, completely and thoroughly.

A. EXPERIENCE OF APPLICANT, SUB-RECIPIENT(S) AND OTHER PARTNERS

1. Describe the experience of the applicant and potential sub-recipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

2. Describe why the applicant, sub-recipients and partner organizations (e.g. developers, key contractors, sub-contractors, service providers) are the appropriate entities to receive funding.

3. Describe the basic organization and management structure of the applicant and sub-recipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system that will be utilized to administer the grant. Include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (if any): YES NO

If applicable, describe the unresolved monitoring or audit findings and what plans or strategies have been implemented to resolve the findings:



B. PROJECT DESCRIPTION

1. Provide a description that addresses the entire scope of the proposed project. The project description should address the entire scope of the project, including: a. a clear picture of the target population(s) to be served, b. the plan for addressing the identified needs/issues of the CoC target population(s), c. project outcome(s) and d. coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

2. Will your project participate in the SMAC Coordinated Entry System: YES NO

Please describe your current understanding and knowledge of the Coordinated Entry system as a requirement of the SMAC. Include how this knowledge will be incorporated into the operation of the proposed project.

Please describe your understanding and knowledge of the written standards specific to the proposed project type and order of priority. Include how this knowledge will be incorporated into the operation of the project.

3. Will the project follow a “Housing First” model: YES NO

Please describe how the project will follow housing first with clients at entry and while enrolled.

C. EXPANSION APPLICATION ONLY

Skip to Supportive Services for Participants if applying for a new PSH or RRH project.

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?
YES NO

2. Is this new project application requesting a “project expansion” of an eligible CoC Program renewal project of the same component type? YES NO

3. There are 2 possible expansion activity options (pick a and/or b):

a. Increasing the number of people experiencing homelessness served YES NO (if no, skip to b.)

i. If selecting number of people, describe the reason for the requested increase:

ii. Current Renewal Project (seeking to be expanded):

1. What is the current # of persons served (according to recent grant agreement)? _____

2. What is the current # of units (according to recent grant agreement)? _____



SMAC MN

Suburban Metro Area Continuum of Care

3. What is the current # of beds (according to recent grant agreement)? _____

iii. Proposed Expansion

1. What is the # of additional persons served that this project will provide? _____

2. What is the # of additional units this project will provide? _____

3. What is the # of additional beds this project will provide? _____

b. Providing additional supportive services to people experiencing homelessness YES NO

i. Increase the number of and/or expand variety of supportive services provided YES NO

ii. Increase the frequency and or intensity of supportive services YES NO

iii. If selecting supportive services, describe the reason for the requested increase:

D. SUPPORTIVE SERVICES FOR PARTICIPANTS

1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: YES NO

NA only if the project will not serve children or youth under age 25.

2. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate: YES NO

NA only if the project will not serve children or youth under age 25.

3. Describe how participants will be assisted to obtain and remain in permanent housing.

- The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing.
- The applicant should describe how those needs and barriers how those will be addressed through the case management and/or other supportive services that will be offered through the project.
- If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or sub-recipient will ensure that rents are reasonable.
- Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

4. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.



SMAC MN

Suburban Metro Area Continuum of Care

E. HOUSING TYPE AND LOCATION

- 1. Total Units: _____
- 2. Total Beds: _____
- 3. If PSH, must be 100% dedicated to CH. Total CH dedicated beds: _____
- 4. Housing Type Units: Scattered Site One Location Other – must explain:

F. PROJECT PARTICIPANTS – HOUSEHOLDS

1. List the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term.

Enter the number of households under at least one of the categories:

- a. Households with at least One Adult and One Child: _____
- b. Adult Households without Children: _____
- c. Households with Only Children: _____

2. Indicate the numbers of adults to be served in the following sub-populations (note – PSH is required to serve Chronic Homeless): _____

F. FUNDING REQUEST

1. Will it be feasible for the project to be under grant agreement within 6 months of the grant award?:
YES NO

If no, explain:

2. Select the costs for which funding is being requested. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2017 CoC Program competition.

- Acquisition/rehabilitation/new construction
- Leased structures
- Leased units
- Rental Assistance



SMAC MN

Suburban Metro Area Continuum of Care

- Supportive services
- Operating
- HMIS
- Administration

Please include a detailed budget that includes all the boxes marked above.

Please indicate the amount of match dollars secured/available and indicate where the match dollars will come from.

G. PROJECT TYPE SPECIFIC QUESTIONS

*If the proposed project is **Rapid Re-housing (or expansion funds for RRH)**, answer the following questions:*

(1) Describe how people meeting the chronic homeless definition will be served in the community?

(2) Describe how people scoring a 7+ (of family 8+) on the VI-SPDAT will be served in the community?

(3) What evidence is used to determine the need for Rapid Re-housing instead of Permanent Supportive Housing (PSH) in the community?

(4) Using the data from the SMAC 2018 NOFA Priorities, describe the need that this project will meet in the community. If additional data sources are used, please identify and attach to this application. This description should draw a connection from the project description, units and beds requested, services provided, and target population identified and supported specifically with data.



SMAC MN

Suburban Metro Area Continuum of Care

*If the proposed project is **Permanent Supportive Housing (or expansion funds for PSH)**, answer the following questions:*

- (1) Describe the outreach methods that will be used to ensure that all of the eligible chronic homeless individuals and families are identified for this project.

- (2) Describe the collaboration with medical providers to ensure timely documentation on the disability verification form required for at least one adult in each household.

- (3) Describe the exit strategy that the project will incorporate to encourage project participants to move on from the project when they no longer need or want the level of intensive case management that PSH entails.

- (4) Using the data from the SMAC 2018 NOFA Priorities, describe the need that this project will meet in the community. If additional data sources are used, please identify and attach to this application. This description should draw a connection from the project description, units and beds requested, services provided, and target population identified and supported specifically with data.